E D S   C l i e n t   S e r v i c e s

590 Eligibility Enrollment Operating Procedures

EDS INDIANA HEALTH COVERAGE PROGRAMS

590 Eligibility Enrollment Operating Procedures Manual

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Address any comments concerning the contents of this manual to:

Provider Written Correspondence
P. O. Box 7263
Indianapolis, IN 46207-7263

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Revision History

Document Version Number	Revision Date	Revision Page Number(s)	Reason for Revisions	Revisions Completed By
Version 1.0	2000	All	Rewrite	DMU

Table of Contents

Section 1: Introduction

Overview

The 590 Program allows for processing and payment of claims to enrolled 590 providers of health services to individuals who are residents of state-owned facilities, such as state hospitals. This program is under the direction of the FSSA's Division of Mental Health (DMH) and the Indiana State Department of Health (ISDH). Due to the fact 590 Program member data is not maintained on the Indiana Client Eligibility System (ICES), all 590 member data is entered and maintained on Indiana*AIM*.

All members eligible for 590 claim payment under the 590 Program must first be enrolled as a 590 Program member in Indiana*AIM*. The EDS 590 analyst receives the Enrollment/Discharge/Transfer (EDT) request forms from the 590 facilities. The data from the EDT request form is entered on the 590 Enrollment window. Requests for 590 Recipient Identification numbers (RIDs) are then sent to ICES via the Department of Information Technology (DoIT) weekly on Fridays.

ICES processes the data to determine if a recipient identification number (RID) has already been designated for each member. If a RID number has been previously assigned by ICES, it is reported on the 590 Recipient Eligibility Update Error Report (ELG-0005-W) found in CO-MAND. When there is a new enrollment, the ICES system assigns a RID number. The RID number is sent to Indiana*AIM*. The EDT request form is then updated with the member's RID number and eligibility effective dates and forwarded to the facility.

The 590 provider field representative handles questions and concerns from providers. The 590 analyst interacts with the Office of Medicaid Policy and Planning (OMPP), Division of Mental Health (DMH), and the Indiana State Department of Health (ISDH) staff concerning 590 Program issues.

The 590 Program differs from Indiana Health Coverage Program in the following ways:

- If a 590 member receives services for a billed amount of less than $150, the member's 590 facility is responsible for payment

- If the claim is for $150 or more, the claim is submitted to EDS for processing and payment

- All claims of $500 or more require prior authorization

- All 590 members can only be serviced by enrolled 590 providers

- There is no filing limit on 590 claims.

Goals and Objectives

The primary objective of the 590 analyst is to ensure that EDT request forms are processed and returned to the facilities in a timely manner. To meet this objective, the following goals must be achieved:

- EDS must comply with all Federal regulations and State statutes that relate to recipient data maintenance

- EDS must maintain a qualified staff to carry out the responsibilities and tasks detailed in this manual

- The 590 provider field representative must respond to 590 Program voice mail messages within 48 hours.

- The 590 provider field representative must respond to 590 Program written correspondence within 10 business days from the date of receipt at EDS.

- The 590 analyst must address all 590 Enrollment/Discharge/Transfer request forms within 10 business days from the date of receipt at EDS.

Section 2: Organization and Staffing

Overview

The written correspondence supervisor oversees the operation of the 590 enrollment process. The written correspondence supervisor hires, trains, and monitors the unit staff and coordinates workflow and projects. The 590 analyst enrolls the 590 Program members, distributes 590 eligibility reports, and directs member inquiries as appropriate. The 590 provider field representative investigates provider issues related to the 590 Program. The provider field representative is available to answer general inquiries from the facilities, and apprises the 590 analyst and State officials about 590 Program issues.

Written Correspondence Supervisor

- Directs 590 analyst in ensuring 590 eligibility responsibilities are carried out timely and accurately

- Serves as an 590 eligibility liaison with OMPP staff

- Reviews and makes recommendations for changes or enhancements to 590 eligibility policy, procedures, edits, and reporting

- Oversees, approves, or disapproves all staffing changes

- Directs the 590 analysts in the production and distribution of required reports

- Coordinates with the provider relations manager as needed to ensure overall effective program administration and maintenance of communication channel between the 590 analysts and provider relations staff

- Oversees the development of all procedures used by the 590 analyst

590 Analyst

- Receives correspondence from facilities requesting enrollments, disenrollments, and transfers

- Initiates Medicaid eligibility closures via OMPP

- Responds to correspondence from facilities

- Receives and responds to correspondence from county caseworkers

- Maintains accurate records and files of all transactions performed on behalf of the 590 program

- Reports to the OMPP trends and statistics regarding the 590 program

- Develops processes for handling of 590 correspondence

- Makes referrals to the 590 provider field representative for provider education

- Collaborates with the 590 provider field representative on provider training materials

Provider Relations Supervisor

- Directs provider relations staff in ensuring provider assistance responsibilities are carried out timely and accurately

- Coordinates interactions with OMPP staff regarding provider relation issues

- Oversees, approves, and disapproves all provider staffing changes

590 Provider Field Representative

- Interacts with prior authorization, claims, provider, systems, operations, and eligibility staff concerning issues affecting the 590 Program and the provider

- Acts as liaison with facilities and providers to resolve issues

- Coordinates special claims processing

- Interacts with OMPP staff

- Performs special projects as required related to the 590 Program

- Develops provider education plans in conjunction with 590 analyst

Organization Chart

```
                    ┌─────────────────────┐
                    │   Client Services   │
                    │      Director       │
                    └─────────────────────┘
              ┌───────────────┴───────────────┐
    ┌──────────────────────┐      ┌──────────────────────┐
    │ Written Correspondence│      │   Provider Relations  │
    │      Supervisor       │      │      Supervisor       │
    └──────────────────────┘      └──────────────────────┘
              │                              │
    ┌──────────────────────┐      ┌───────────────────────────────┐
    │     590 Analyst       │      │ 590 Provider Field Representative │
    └──────────────────────┘      └───────────────────────────────┘
```

Section 3: Enrollment Procedures

Overview

EDS, as contractor for the state of Indiana, processes, logs, monitors and responds to 590 Enrollment/Discharge/Transfer (EDT) request forms from state facilities. Upon completion, EDT request forms are initialed complete, dated and returned to the 590 facilities. Following are the operational procedures for processing 590 Program eligibility enrollment requests.

590 Enrollment Request Received

1. The 590 facility completes a 590 Enrollment/Discharge/Transfer (EDT) request form (Form 0747) and forwards it to:

   EDS Written Correspondence
   P. O. Box 7263
   Indianapolis, IN 46207-7263, Attention 590 analyst.

2. The mailroom receives the daily mail, sorts and stamps the date received at EDS on each 590 EDT request form and forwards the request to the 590 analyst in the Written Correspondence Unit.

590 Enrollment Request Entered in IndianaAIM

1. Selects the **Recipient** button from the Indiana*AIM* Production Main Menu. The Recipient Search window is displayed.

2. Type in the **member's social security number** which is indicated on the EDT form.

3. Select **Search** and review the information that is displayed noting the RID number.

4. Clear the social security number.

5. Type in the **Recipient's Date of Birth** and **Last Name**

6. Select **Search** and review the information that is displayed noting the RID number. Both searches are necessary to determine the correct and/or current RID number to update. Use the RID that begins with the number one and usually ends in '99'. If there are no RID numbers found in either search, skip to step 14.

7. From the Recipient Search window, the 590 analyst views the eligibility effective dates of each RID number and updates the RID

number that has the most current effective date with the information indicated on the EDT request form. If no active segments exist,

8. Select **New Program.**

9. Type in the **590 Enrollment Effective Date.** The EDT form is updated with the RID number and effective dates of enrollment and returned to the facility. If the member has open-ended, Indiana Health Coverage Programs (IHCP) eligibility, an e-mail is sent to OMPP that contains the following information:

   - Member's Name

   - RID

   - Social Security Number (SSN)

   - Date of Birth

   - Case Worker (CW) number

   - IHCP category

   - Date of entrance to the State facility or the date of the request for enrollment in the 590 program.

   - If spenddown liability should be closed.

   - If the member is also covered by Medicare, dual aid eligibility may exist. Include the dual eligibility dates, and if it should be closed.

10. OMPP performs the following steps:

    - OMPP investigates each member in ICES to determine if there are any open segments in ICES

    - OMPP will send an ICES mail message requesting the caseworker close any open segments. This message should include all eligibility, spenddown liability, and dual-aid eligibility segments to be closed.

    - OMPP will notify the 590 analyst with the date the messages were sent to the caseworkers. If the eligibility segments are closed in ICES, with a stop date that precedes the start date, which is why they appear to be open in Indiana*AIM*, OMPP returns the e-mail to the 590 analyst with the ICES stop date.

11. The 590 analyst forwards the e-mails with all the information to the Systems Eligibility Team.The Systems Eligibility Team performs the following steps:

- Close the IHCP segment in Indiana*AIM* with the ICES stop date, unless this would create a gap in coverage. For this situation refer to the next bullet. The Eligibility Team also closes any open spenddown liability or dual aid eligibility coverage with stop date of the IHCP coverage.

- If the ICES stop date does create a gap in coverage, the day before the facility entrance date or the 590 request date should be used. There cannot be a gap in coverage as the Eligibility Verification Systems have continued to speak this person eligible although the county has closed eligibility. Indiana*AIM* cannot take away eligibility.

- The Eligibility Team returns the e-mail to the 590 analyst indicating the appropriate eligibility related segments are closed and the 590 EDT enrollment request can now be processed.

12. If the two initial searches determine, *no record found*, the 590 analyst must click **Options** from the Recipient Search window,

13. Select **590 Search** from the Options list. The 590 Search window displays. From the 590 Search window, the 590 analyst determines if the member data is available. To make this determination,

14. Type in the **last name** and the **first name** of the member in the appropriate fields. If the data is not found,

15. Click the **New** button at the bottom of the 590 Search window.

16. The following data elements are included and typed in as applicable. The address, city, state, and zip code are those of the facility, **not** the member.
    - **Eligibility Start Date**
    - **Eligibility End Date**
    - **Last Name**
    - **First Name**
    - **Middle Initial**
    - **Facility Code**
    - **Date of Birth**
    - **Sex**
    - **Race**
    - **Social Security Number (SSN)**

17. If the SSN or DOB has been omitted from the entry EDT request form, return the EDT request form to the facility.

18. If the release date, for a discharge request, has been omitted from the EDT request form, return the EDT request form to the facility.

If the 590 enrollment start date is not included on the EDT request form, type in the stamped date of receipt.

19. If an EDT request form is sent indicating a facility transfer, update the member's address with the address of the facility where the member is being transferred.

20. If an EDT request form indicates a discharge or deceased date, end date the member's eligibility.

590 Analyst Tracking System

Copies of the e-mail sent to OMPP requesting all eligibility related closures are kept in a labeled folder along with the related EDT request forms. Once a week the 590 analyst checks the IHCP segment closure for the related EDT request forms in the folder. If the message that OMPP sent to the caseworker does not result in the IHCP segment being closed within two weeks, the information is again sent to OMPP with a message indicating this is the second request.

The same process must be followed for e-mails sent to the Systems Eligibility Team unless the changes were not processed within two weeks. In this situation the information is again sent to the Systems Eligibility Team and copied to OMPP.

Send 590 RID Requests to ICES

On Fridays, the EDS Systems Unit runs the weekly job to create the 590 request file. The request file is a collection of all requests processed by the 590 analyst during the week. The file is sent to ICES through the Department of Information Technology (DoIT).

AIM Receives ICES 590 RID Response

On Mondays, ICES assigns a new RID number for each 590 Program member and transmits the file with the assigned RID number back to EDS. On Tuesdays, EDS Systems Unit runs the weekly job that loads the enrolled 590 members into the Indiana*AIM* system. If the member already has a RID number, or the segment cannot be added because it would create overlapping eligibility, the segment appears on the ELG-0005-W report. The error messages on the ELG-0005-W include the following:

- *No Match For 590 Recipient*

- *590 Segment Overlaps Existing Eligibility*

590 Analyst Processes ICES 590 RID Assignment

Once the ICES RID assignments are processed through *AIM*, the 590 analyst must validate the member's data.

1. The 590 analyst searches Indiana*AIM* for the RID number assignments. If 590 eligibility has been added by the weekly ICES update process, the RID number is written on the 590 EDT Request Form and sent back to the facility.

2. If the 590 eligibility does not appear on Indiana*AIM*, the eligibility segment appears on the ELG-0005-W report. If the report contains data, the 590 analyst contacts the Systems Eligibility Team for assistance in resolving the member's eligibility issues.

3. The enrollments waiting for an end date to current IHCP eligibility are tracked weekly by the 590 analyst to determine if the new 590 eligibility segment can be loaded in Indiana*AIM*. If the segment is not in Indiana*AIM* after two weeks, follow 590 tracking procedures outlined above.

4. If the end date is typed in by the caseworker, the 590 segment is loaded to the Eligibility window. The RID number is written on the EDT request form and returned to the facility.

> *Note: If ICES sends an eligibility segment on an open-ended 590 segment, the new eligibility segment reports on the daily ICES eligibility update error report (ELG-0003D). A system change (IN012537) is in process to put a 590 Program eligibility end date for the day prior to the new eligibility start date and accept the new eligibility segment.*
>
> *ICES eligibility dates are NOT day specific and the county caseworker does NOT enter the end date. The caseworker closes the case and the system assigns the end date.*

Claims Payment

Once enrolled, 590 Program claims are different than other claims in Indiana*AIM*:

- The 590 Program does not reimburse transportation expenses.

- The only providers who can provide services to, and file claims for, 590 eligible members are those enrolled as 590 providers.

- The IHCP does not reimburse claims submitted for services less than $150. Claims for services that cost less than $150 must be submitted to the facilities.

- 590 claims for services costing over $500 need prior authorization.

Member Eligibility Data

The recipient windows in Indiana*AIM* provide the member information necessary for the accurate processing of claims. The Recipient Base, Recipient Eligibility, Spenddown Liability, and Dual-Aid Eligibility windows are updated by the two methods listed below:

1. Caseworker enters new data on ICES as part of the daily ICES to Indiana*AIM* update process.

2. RID numbers are assigned and sent on the 590 weekly update file by ICES.

As claims are adjudicated, the system first searches the recipient tables for data including billed dates of service in relation to dates of Indiana Health Coverage Programs eligibility and coverage under a specific program. Many other windows, such as Provider and Third Party Liability, contain protected fields that are loaded from the recipient tables. The following text lists the Recipient windows, including how to access each window and the data each window contains from the recipient tables.

Recipient Search

The Recipient Search window has the following options:

- RID number

- Previous identification number

- Medicare identification number

- Case number

- Social security number

- Birth date

- Last name

- First nameRecipient Eligibility

The Recipient Eligibility window shows historical recipient eligibility data. The fields include the following information:

- RID number

- Name

- Health program
  - MA – Medicaid
  - 59 – 590 Program
  - AR – ARCH
  - K2 – Hoosier Healthwise Package C

- Aid category

- Effective date

- End date

- Stop reason
  - G – Death
  - E – Regular
  - O – Open

Recipient Third Party Liability

When the EDT request form indicates information of another insurance carrier, send a copy of the EDT request form to the Third Party Liability (TPL) Unit.

Member IHCP Identification Cards

Identification cards are not issued to 590 Program recipients.

Section 4: Windows

Overview

This section provides examples and descriptions of windows used in the 590 enrollment process.
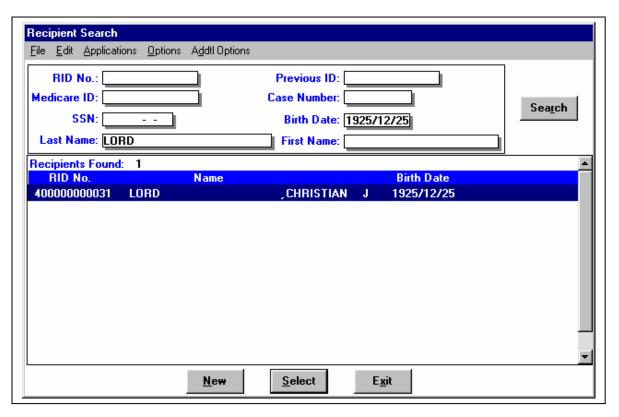
Recipient Search Window

Figure 4-1 – Recipient Search Window

In order to search for a member to determine if the member is already enrolled in the 590 Program, the user must type in one or more of the criteria listed on the top portion of the Recipient Search window. If the individual already has a RID number assigned, the RID number, name, and date of birth displays on the lower half of the window. The user can click on **Select** to view the Recipient Base window data. If the member is not already at the Recipient Base window, the user selects **Options** and under Options selects **590 Search**. The 590 Search window is displayed.
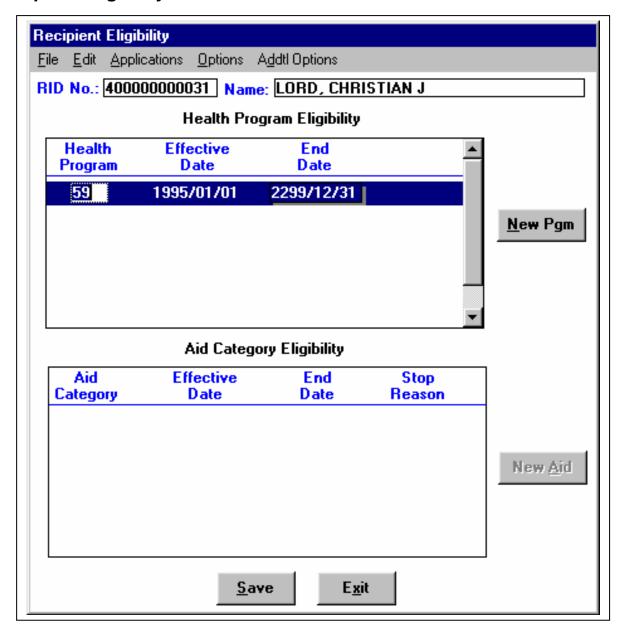
Recipient Eligibility Window

Figure 4-2 – Recipient Eligibility Window

The user can select **Eligibility** under **Options** on the Recipient Search window to view the health program and aid category of a member. The 590 analyst, with special security access, can update the end date of 590 eligibility when the member is released from the facility or a death notification is received by the unit.

> *Note: If there is an end date for the current 590*
> *program, select File and then select Audit. If*
> *LOWERMX entered the most current end date,*
> *DO NOT change the date on the screen. Also*
> *check the Health Program field to be sure MA*
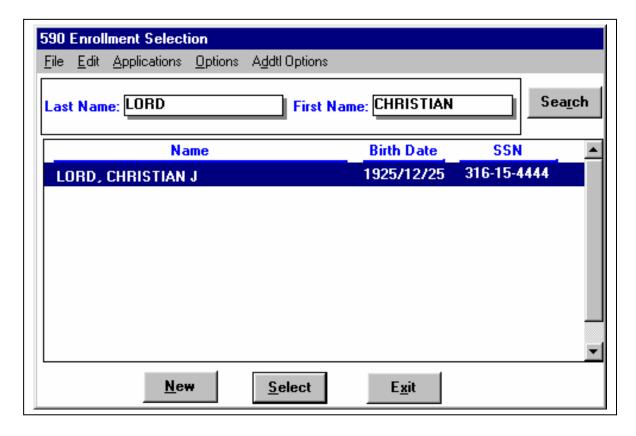> *eligibility has not already updated from ICES to*
> *AIM.*

590 Enrollment Selection Window

Figure 4-3 – 590 Enrollment Selection Window

The 590 Search window is titled **590 Enrollment Selection**. The member's **last name** and **first name** must be typed in on the top half of the window and **Search** is selected to determine if information for the member is already available. If so, the name, last, first, and middle initial, and social security number are displayed on the lower half of the window. If no data is found, click **New** to go to the next member. If data is found, click **Select** to view the information.

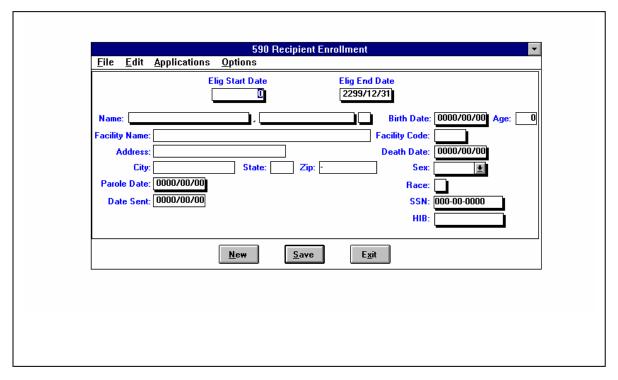## 590 Recipient Enrollment Window 1

Figure 4-4 – 590 Recipient Enrollment Window 1

The 590 Recipient Enrollment window 1 displays when the **New** button is selected on the 590 Recipient Search window. The 590 Recipient Enrollment window 1 is used for typing in new 590 enrollment information not previously found in Indiana*AIM*.
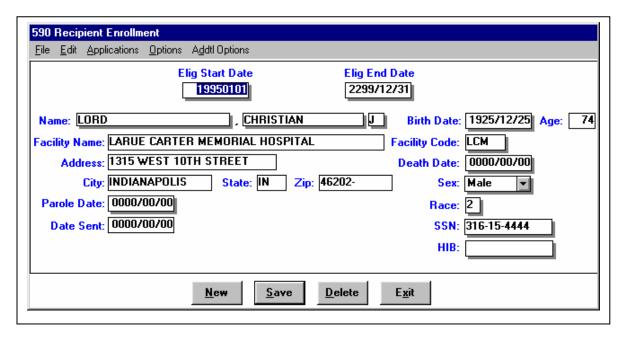
590 Recipient Enrollment Window 2


```
590 Recipient Enrollment
File  Edit  Applications  Options  Addtl Options

                    Elig Start Date              Elig End Date
                     19950101                    2299/12/31

Name: LORD              , CHRISTIAN      J      Birth Date: 1925/12/25  Age:  74
Facility Name: LARUE CARTER MEMORIAL HOSPITAL      Facility Code: LCM
     Address: 1315 WEST 10TH STREET                   Death Date: 0000/00/00
        City: INDIANAPOLIS   State: IN   Zip: 46202-       Sex: Male
 Parole Date: 0000/00/00                                   Race: 2
   Date Sent: 0000/00/00                                    SSN: 316-15-4444
                                                           HIB:

                  New      Save     Delete     Exit
```

Figure 4-5 – 590 Recipient Enrollment Window 2

The 590 Recipient Enrollment window displays when the **Select** button is chosen on the Recipient Search window. The 590 Recipient Enrollment window shows data previously typed in. The data can be updated until the **Date Sent** field is populated. After the date is populated for RID assignment by ICES, the data can no longer be updated.
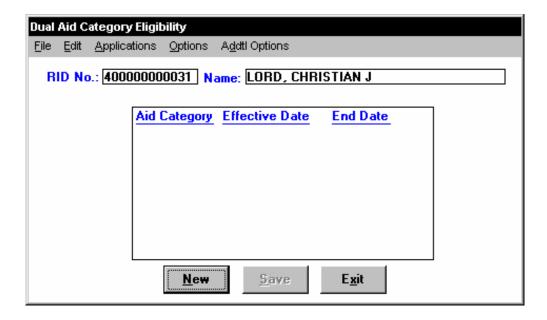
Figure 4-6 – Dual Aid Category Eligibility Window

By selecting **Medicare, Dual-Aid Eligibility** under **Options** on the
Recipient Search Window, in certain cases, the user may view the
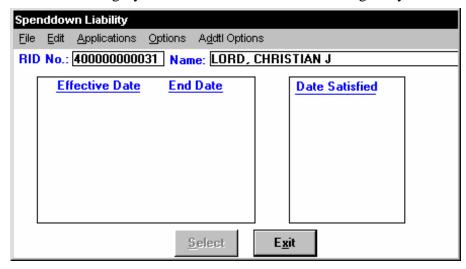dual-aid category and effective dates of dual-aid eligibility.

Figure 4-7 – Spenddown Liability

By selecting **Spenddown** under **Options** on the Recipient Search
Window, in certain cases, the user can view effective dates of
spenddown liability and the dates spenddown liability was satisfied.

Section 5: Reports

Overview

The reports generated by the 590 enrollment process are described in this section. Also included are instructions for completing the weekly status report.

590 Recipient Eligibility Update Error Report

The *590 Recipient Eligibility Update Error Report (ELG-0005-W)* reports all 590 eligibility enrollments that were not updated in Indiana*AIM* by ICES and the corresponding reason for rejection. The 590 analyst reviews this report weekly. If there is data on the report, the 590 analyst will contact the Systems Eligibility Team for assistance in resolving the member's eligibility issues.

590 Statistics Reported to OMPP Biweekly in Weekly Status Report

The following statistics are reported to the OMPP on a biweekly basis. The statistical information is explained in detail below.

590 EDT Request Form Tracking Log

The 590 EDT request forms received are logged by the 590 analyst and totaled on a biweekly basis. The totals are recorded on the Managers Weekly Status Report.

590 EDT Request Forms Biweekly Status Report

The bi-weekly status report totals all the 590 EDT request forms received and records for the Managers Weekly Status Report.

Biweekly Status Report Instructions

The 590 analyst uses the following instructions to complete the biweekly status report.

Completed 590 EDT Requests

This represents the total number of workable EDT forms received. Do not count forms on the report that are sent back for more information. If no updates are needed, do not count the request. If a Facility Transfer is requested and there are no other updates, do not count.

Completed Requests Returned from ICES

This represents the total number of RIDs received from ICES. When a new member is entered in the 590 program, it is necessary to wait for ICES to issue a RID number. Periodic checking of Indiana*AIM* allows the user to know when the RID number assignment is completed by ICES.

Requests Sent to ICES for RID assignments

This number represents the new program 590 enrollments sent to ICES for RID numbers.

Requests Pending Assignments by ICES

This number represents new program 590 enrollments that still have not been issued a RID number. The field is calculated in the following manner:

1. Take the number of requests at ICES pending assignments from the last report

2. Less the completed requests returned from ICES from the current report

3. Plus the number of requests sent to ICES for RID assignments from this report

Requests Sent to Case Worker Open Medicaid

This number represents the total number of members sent to OMPP to request closure of the Indiana Health Coverage Programs eligibility.

Requests for 590 Closure Received

This is the total number of EDT requests to end date 590 segment eligibility.

Deceased

This represents the total number of EDT requests to end date 590 segment eligibility because the member died. This total is in addition to the 590 closure requests received.

Section 6: Forms

590 Enrollment Form

State Form 32696 (R   ) / OMPP 0747

Please check one:	Is individual currently on Medicaid?
New Enrollment_____ Update_____	Yes___ No___ If Yes, enter RID number_____

Note: Before completing, refer to instructions on reverse side

Sections I, II, & III are to be completed by institutional facility

I. New Enrollment Information (only for first-time enrollments, updates should be entered in section III below)

1 Entrance date	2 Last name	3 First name	4 Middle initial

5 Name of institutional facility

6 Street

7 City	8 State	9 ZIP code	10 Date of Birth (required)

11 Race: White____ Black____ Asian____ American Indian____ Multiracial____ Other____   **12 Sex:** Male___ Female__

13 DOC or DMH/DDARS number	14 Social Security number (required)	15 Medicare number	16 Medicare effective date

II. Other Health Insurance

17 Name of policy holder		18 Relationship		
19 Name of policy	20 Policy number	21 Type of insurance	22 Start date	23 Stop date
19 Name of policy	20 Policy number	21 Type of insurance	22 Start date	23 Stop date

III. Enrollment Update Information

24 Date of death	25 Date of release	26 Date of parole	27 (intentionally left blank for future use)
28 Date of transfer	29 Name of institution being transferred from	30 Name of institution being transferred to	

To be completed by Indiana Health Coverage Programs

Original enrollment	RID	Start date	Stop date
Update	RID	Start date	Stop date

590 EDT Request Log Tracking

590 EDT Request Log Tracking

Week Ending _____

| Name | SSN# | RID# | Action Date | | Date of Letter | | Date Rec'v | Comments |
			Update	New	Return to Facility	Sent to County	RID# from ICES	

ACTION= R=Release
D=Deceased
E=Entrance

Section 7: IndianaAIM Performance Standards

Overview

The performance standards are described in this section along with the consequences of not meeting the standards.

Systems

Performance Standard

Resolve eligibility transactions that fail one or more edits within three business days.

RFP Requirement Number

F1-8-1648-REC-4

Liquidated Damages

No

Compliance Reporting

As required

Quality Process

Frequency   As required

Personnel   590 Analyst

Procedure   Each time the weekly 590 job is run in Indiana*AIM*, the ELG-0005-W report is produced to report transactions that were rejected in Indiana*AIM*. The report is reviewed and errors addressed within three business days of report production.

Monitoring

The written correspondence supervisor conducts a 590 status review each week to determine if the report has been researched timely.

Client Services/Written Correspondence Unit

Performance Standard

Respond to 98 percent of all provider and recipient correspondence with an accurate and thorough written response within 10 business days of receipt

RFP Requirement Number

F1-8-1648-PRC-56

Liquidated Damages

No

Compliance Reporting

As required

Quality Process

Frequency   As required

Personnel   Written correspondence supervisor and 590 analyst

Procedure   The 590 analyst will respond to written 590 provider correspondence, regarding enrollment of 590 recipients within 10 days of receipt.

Monitoring

The written correspondence supervisor will perform monthly monitoring of 590 provider correspondence and subsequent responses by the 590 analyst to determine if the 10-day requirement is being met.

Section 8: IndianaAIM Quality Management

Overview

Quality management is comprised of numerous activities, and includes ongoing quality assessment. This is not a static process, but an evolutionary one that involves identification, assessment, feedback, and ultimately improvement. As one level of service or performance is improved, another is targeted. These activities directly correspond to goal setting at the individual or unit level.

The following section outlines three overall quality assessment factors that, because of the nature of the overall application, will be applicable on a long-term basis. At least quarterly, other activities should be identified for assessment and improvement.

Written Correspondence

Performance Standard

Ensure that 590 staff can perform the assigned activities per defined procedures and requirements.

Quality Process

Frequency   Daily, until acceptable performance levels are maintained

Personnel   Written correspondence supervisor or designated monitor

Procedure   Select sample of work from each activity performed and compare to defined process

Monitoring

Review for the following:

1. Accuracy of data input for 590 data

2. Appropriate follow-up

3. Application of all necessary steps and procedures